

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581,425

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4				1		
5		1		1		
6	1	1		1		
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	3		1			
13	3		1			
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15	3		1			
16	3		1			
17	3		1			
18	3		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	2		1			
25	2		1			
26	2		1			
27	2		1			
28	2		1			
29	1		1			
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31	1		1			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						